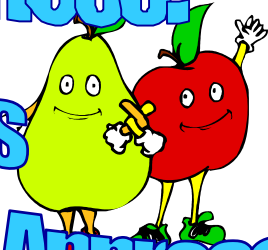


Why Worksite Wellness?

Worksite Wellness

A Policy and Environmental Approach



Inventory materials adapted from the New York State Department of Health, Healthy Heart Program's "Heart Check: Assessing Worksite Support for a Heart Healthy Lifestyle" Version 4.1



According to the Wellness Councils of America (WELCOA), "employers look to cost sharing, cost shifting, managed care plans, risk rating, and cash-based rebates or incentives. But these methods merely shift costs. Only worksite health promotion stands out as the long-term answer for keeping employees well in the first place."

The return on investing in worksite wellness includes:

- > Lower Health Care Costs
- > Reduced Absenteeism
- > Higher Productivity
- > Reduced Use of Health Care Benefits
- > Reduced Worker's Compensation and Disability Management Costs
- > Fewer Injuries
- > Increased Morale

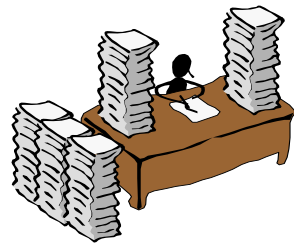
When you invest in your employees, you invest in the future of your company.

If you need further evidence...see cost-savings examples from companies across the U.S. who have found comprehensive worksite wellness to be well worth the money at:

<http://www.welcoa.org/works.htm> or
<http://www.awhp.org/default/whatis.html>



Before Worksite Wellness



After!

What are Policy and Environmental Changes?

Policy and environmental changes enable communities and worksites to support healthy behaviors. "It is unreasonable to expect large proportions of the population to make individual behavior changes that are discouraged by the environment and existing social norms" (Schmid, Pratt and Howze, 1995). It does little good, for example, to encourage employees to take a walk outside on their breaks when the area surrounding the worksite is unsafe, or to promote healthy eating when the cafeteria offers few, if any, healthy meal options. Worksite policies and the worksite environment should not discourage healthy behaviors, but rather promote a healthy lifestyle whenever possible.

EXAMPLES

- | | |
|--|---|
| ♥ "Flex-time" to encourage physical activity during work hours | ♥ Make stairways accessible and pleasant |
| ♥ Healthy options in vending machines | ♥ Subsidization to an off-site fitness facility |

Why Focus on Physical Activity and Nutrition?

Most people know that tobacco use is the leading cause of preventable death. However, physical inactivity and poor nutrition are also behavioral risk factors that can have grave consequences on an individual's health. According to the Centers for Disease Control and Prevention, these two risk behaviors are responsible for at least 300,000 *preventable* deaths each year, second only to tobacco use.

Encouraging physical activity, healthy eating and quitting smoking, as well as creating environments and establishing policies which support these behaviors is critical to reducing the burden of a number of chronic diseases, including Missouri's number one killer—cardiovascular disease.



How much is enough? Thirty minutes of moderate-intensity physical activity at least five days per week is the current recommendation. It is acceptable to accumulate physical activity in bouts of at least 10 minutes. Therefore, short walks at break time are an example of a quick and easy way to start getting the physical activity you need during the day.



Consuming at least five servings of fruits and vegetables per day and eating a diet low in saturated fat are two key steps towards a healthy diet.

THE HEART CHECK QUESTIONNAIRE

Use the interview questionnaire on the next guide to guide your interviews and observations. Try to use the same wording of questions across interviews. You may probe for valid information, but be careful not to give the impression that there is a correct or incorrect answer.

Take note of instructions and supporting information appearing throughout the questionnaire. They will appear in italicized text with a shaded background.

Follow the skip pattern of the questionnaire—noted in bold after certain responses. This will help make the interview go more smoothly.

If you see an asterisk () next to a question, inquire as to whether the worksite can provide to you a sample of whatever it is the question concerns. For example, next to questions dealing with written policies, or promotional materials, you will see an asterisk (*)—ask the worksite if it would be possible for you to obtain a copy of the policy, or a sample promotional item, as this will help us build a portfolio of examples of these items.

If possible, mail or fax the questionnaire to the worksite interviewee prior to the interview appointment. This will allow the interviewee to prepare for any questions that may be outside of his or her scope of responsibility. However, discourage the interviewee from completing the questionnaire outside of your presence.

YOU SHOULD REVIEW AND BE COMPLETELY FAMILIAR WITH THIS INTERVIEW PROTOCOL PRIOR TO MEETING WORKSITE REPRESENTATIVES.



MISSOURI HEART DISEASE AND STROKE PROGRAM Worksite Inventory



1. PRELIMINARY INFORMATION

1.1 Name of Company:				
1.2 Name of Rater:				
1.3 Date of Interview:				
<i>If the interview is conducted with multiple respondents, record the name of the primary respondent in the space above, and up to three additional respondents in the box below.</i>				
1.4 Name of Interviewee:				
1.4.1 What is your current position?				
Circle the position of the primary respondent here, and record positions of additional respondents below.				
<ol style="list-style-type: none"> 1. CEO/President/Administrator/Comptroller 2. Director/Administrator (except personnel) 3. Assistant to the Director/Administrator/Commissioner/Vice President (except personnel) 4. Personnel Manager or Director/Human Resource Manager/Other Personnel position 5. Benefits Manager 6. Health and Safety Officer 7. Health Promotion/Wellness Manager 8. Dietary/Nutritional/Food Service Manager/Chef/Other Food Services 9. Occupational Nurse 10. Company Physician 11. Other Manager/Officer 12. Labor Representative/Union Steward, etc. 13. Clerical/Administrative Assistant 14. Teacher 15. Other (describe): 				
Name			Position (use #'s in 1.4.1)	Description (for "other" only)
1		1		
2		2		
3		3		

2.0 ORGANIZATIONAL DEMOGRAPHICS

Read the following:

“A self-insured worksite would be one that offers health benefits directly to its employees, rather than subsidizing benefits offered through an insurance company.”

2.1 Is the worksite self-insured for employee health and medical benefits? *(circle the correct response)*

Make sure the respondent understands that self-insured DOES NOT INCLUDE subsidization of health insurance of employees. If an insurance company is involved, the answer should be NO.

1 Yes **0** No

If you are unsure of the correct category, circle “other” and provide a description of the industrial sector.

2.2 In which industrial sector is this worksite located?

1	manufacturing	7	construction
2	wholesale/retail/sales	8	education
3	services	9	government
4	transportation	10	health care
5	communication	11	repair
6	agriculture	12	other (list):

2.3 About what percent of the workforce is unionized? *(circle the response)*

1 0% **2** 1-25% **3** 26-50% **4** 51-75% **5** 76-100%

2.4 As of the last payroll and not counting temporary or seasonal employees, how many employees:

		#			#
2.4.1	work here?		2.4.5	are under 40?	
2.4.2	work full time?		2.4.6	are Caucasian/White?	
2.4.3	work part time?		2.4.7	are African American?	
2.4.4	are female?		2.4.8	are Hispanic?	

2.5 What is the average wage of employees:

record as either:

2.5.1 average weekly wage: \$ _____ **OR** 2.5.2 average annual salary: \$ _____

2.6 Excluding any security staff, which of the following work shifts does this worksite have?

(circle all that apply) **1** day **2** evening **3** night **4** other: _____

2.7 Approximately what percent of full and part-time employees at this worksite would be classified as manual labor? Please provide your best estimate. *(circle the correct response)*

Manual labor includes: production, labor, etc.

Please note: Manual labor could include highly skilled technicians. Manual labor refers to physical labor.

1 0% **2** 1-25% **3** 26-50% **4** 51-75% **5** 76-100%

3. SMOKING

3.1 Does the worksite have a <u>written</u> smoke-free work environment policy?*
_____ Yes
_____ No (skip to question 3.2)
3.1.1 What is the extent of the smoking ban? (<i>circle the highest value</i>)
1 a partial ban on smoking (designated or de facto smoking areas in the building)
2 smoking allowed on the grounds but not in the building
3 a total ban throughout the premises (including grounds)
3.1.2 Is the policy enforced? For example, are there any penalties for individuals who do not comply with the policy—either verbal or written?
1 Yes 0 No
3.2 Does the worksite provide any type of incentives for being a non-smoker or quitting smoking?
<i>Incentives could include: improved benefit allowances (discounted health insurance, increased disability payments, additional life insurance), added vacation “well days” off, direct cash payments or bonuses, material prizes or awards, etc.</i>
1 Yes 0 No
3.3 Can tobacco products be purchased anywhere at the worksite (e.g., vending machines, vendors)?
0 Yes 1 No

_____ **TOTAL FOR SMOKING** (*Add all circled numbers—and put score in “preliminary score” column on tally sheet*)

Note: Wait until you return to your office to figure out total scores. Inform the worksite that you will send a completed survey that will include total scores.

4. NUTRITION

4.1 Does the worksite have vending machines for employees to access food during working hours? _____ Yes _____ No (skip to question 4.2)	
4.1.1 From observation of vending machine areas please check the options that are available. You can code an additional healthy food choice. Use the following guidelines to decide if an item is heart healthy.	
food category:	fat content less than or equal to:
entrees.....	12 grams per serving
desserts & snacks.....	3 grams per serving
cheeses.....	5 grams per serving
Make sure to view ALL vending areas.	
NOT REFRIGERATED	REFRIGERATED
_____ “Lite” Popcorn	_____ Tossed Salad with Reduced or Non-fat Dressing
_____ Pretzels	_____ Low-fat or Non-fat Yogurt
_____ Baked Chips	_____ Tuna (water packed) with “Lite” Mayonnaise
_____ Low-fat Cereal Bars	_____ Sandwiches made with Whole Grain Bread
_____ Low-fat Granola Bars	_____ Chicken, Turkey, Ham or Lean Roast Beef Sandwiches (without mayo or cheese)
_____ Raisins and Dried Fruit	_____ 100% Fruit Juice or Vegetable Juice
	_____ Skim or 1% Milk (white OR chocolate)
_____ Other healthy selection based on criteria above (specify: _____)	
*Were at least 2 of the above items checked? (<i>circle the correct response</i>) 1 Yes 0 No	
4.1.2 Do the vendors provide labels to identify “healthy” foods?* (e.g., “Apples are healthy and low fat!”) 1 Yes 0 No	
NOTE: This refers to information <u>in addition</u> to what is given on the product’s label. They are not messages attached to commercialized food packages such as statements like “lite”, “low fat” or “sugar free”.	
4.1.3 In the past 12 months, has the worksite had any special promotions or sales of low fat foods, fresh fruits, vegetables, etc., in the vending machines? 1 Yes 0 No	

4. NUTRITION CON'T

4.2 Does the worksite have a cafeteria? _____ Yes _____ No (skip to question 4.3)	
4.2.1 Check the items that are available daily.	
_____ "Lite" Popcorn	_____ Skim or 1% Milk (white OR chocolate)
_____ Pretzels	_____ "Lite" Mayonnaise (available as a condiment)
_____ Steamed vegetables	_____ "Lite" or Reduced Fat Entrees or Dinners
_____ Salad Bar	_____ 100% Fruit/Vegetable Juice
_____ Low-fat Cottage Cheese	_____ Reduced Fat or Non-fat Salad Dressing
_____ Reduced Fat Cheeses	_____ Grilled Chicken Breast Sandwich
_____ Low-fat or Non-fat Yogurt	_____ Sandwiches made with Whole Grain Bread
_____ Frozen Yogurt	_____ Bagels_ -Plain or with "Lite" Cream Cheese
_____ Fresh Fruit	_____ Tuna (water packed) with "Lite Mayonnaise
_____ Tossed Salad with Reduced or Non-fat Dressing	_____ Chicken, Turkey, Ham or Lean Roast Beef Sandwiches (without mayo or cheese)
You can code an additional healthy food choice. Use guidelines from previous page.	
_____ Other healthy selection based on criteria above (specify: _____)	
*Were at least 3 of the above items checked? (<i>circle the correct response</i>) 1 Yes 0 No	
4.2.2 Does the worksite provide labels to identify "healthy" foods in the cafeteria? * 1 Yes 0 No	
NOTE: Labels that apply are those added to food choices (e.g., red hearts or table tents with heart healthy info). They are not messages attached to commercialized food packages such as statements like "lite", "low fat" or "sugar free".	
4.2.3 Does the worksite provide written policies that require healthy food preparation practices in the cafeteria (e.g., steaming, low fat/salt substitutes, limited frying)? * 1 Yes 0 No	
4.2.4 Did the worksite provide any special cafeteria promotions in the last 12 months to increase the sale or consumption of low fat foods, fresh fruits, vegetables, etc.? * 1 Yes 0 No	
4.3 Does the worksite encourage provision of nutritious food options at employee meetings? 1 Yes 0 No	

_____ **TOTAL FOR NUTRITION** (*Add all circled numbers from entire nutrition section—put score in "preliminary score" column on tally sheet*)

5. PHYSICAL ACTIVITY

5.1 Does the worksite provide a shower and changing facility for employees?			
1	Yes	0	No <i>Go see shower facility</i> Comments:
5.2 Does the worksite have an on-site exercise facility?			
1	Yes	0	No (skip to question 5.3) <i>Go see shower facility</i> Comments:
	Yes	No	
5.2.1	1	0	Is the facility open at convenient times (before and after normal work hours)?
5.2.2	1	0	Does it provide aerobic equipment (e.g., bikes) or facilities (track, pool)?
5.2.3	1	0	Does the worksite promote the availability of the exercise facility?*
5.2.4	1	0	Is the facility free for employees?
5.3 Does the worksite subsidize (pay some of the costs of) an off-site exercise facility membership?			
1	Yes	0	No
5.4 Does the worksite sponsor any employee sports teams?			
1	Yes	0	No
5.5 Does the worksite provide or maintain outdoor exercise areas or playing fields for employees?			
1	Yes	0	No
5.6 Does the worksite have a written policy statement supporting employee physical fitness?*			
<i>(e.g., policies that allow workers additional time off from lunch to exercise, walk breaks, stretching)</i>			
1	Yes	0	No
5.7 Does the worksite have a written flex-time policy which allows employees to be physically active during the work shift?*			
<i>(flex-time means employees can, for example, come in early so that they can extend lunch for physical activity)</i>			
1	Yes	0	No
5.8 Is the area surrounding the worksite within one mile a safe and pleasant place to walk, run, or bike?			
1	Yes	0	No
5.9 Are there bike racks at the worksite available for employees?			
1	Yes	0	No
5.10 Does the worksite provide any incentives for engaging in physical activity?			
<i>e.g., improved benefit allowances (discounted health insurance, additional life insurance), added vacation "well days" off, direct cash payments/bonuses, material prizes or awards, etc.)</i>			
1	Yes	0	No
5.11 Are there any stairways at the worksite?			
_____ Yes			
_____ No (skip to question 6.1)			
	Yes	No	
5.11.1	1	0	Are the stairways clean and safe?
5.11.2	1	0	Are the stairways accessible and clearly marked?
5.11.3	1	0	Has stairway use been promoted by the worksite in the last 12 months?*

_____ **TOTAL FOR PHYSICAL ACTIVITY** (Add all circled numbers from entire physical activity section—
put score in "preliminary score" column on tally sheet)

6. SCREENING OR ASSESSMENT

6.1 During the previous 24 months, has the worksite provided any of the following screenings or assessments (beyond pre-employment physicals):						
		Yes	No			
6.1.1	blood pressure	1	0	6.1.4	health risk appraisals	1 0
6.1.2	cholesterol	1	0	6.1.5	fitness assessments	1 0
6.1.3	blood glucose	1	0			
6.2 If answered "Yes" to any of the questions in section 6.1, was the program:						
	Yes	No	Program Areas			
6.2.1	1	0	Free to employees			
6.2.2	1	0	Available to employee's family members			

_____ **TOTAL FOR SCREENING OR ASSESSMENT** (*Add all circled numbers—put score in "final score" column on tally sheet*)

7. PROGRAMS/EDUCATIONAL MESSAGES

7.1 During the previous 24 months, did the worksite provide directly or promote insurance company-sponsored programs in the areas listed below?			
	Yes	No	Program Areas
7.1.1	1	0	Smoking cessation
7.1.2	1	0	Weight control or "healthy eating"
7.1.3	1	0	Fitness (other than use of an exercise facility, e.g. walking programs)
7.2 Does the worksite provide directly or promote insurance company sponsored programs to help those insured manage their disease for:			
	Yes	No	Program Areas
7.2.1	1	0	Arthritis
7.2.2	1	0	Asthma
7.2.3	1	0	Cardiovascular disease
7.2.4	1	0	Diabetes
7.3 If answered "Yes" to any of the questions in section 7.1 and 7.2, were the program(s):			
	Yes	No	Program Areas
7.3.1	1	0	Free to employees
7.3.2	1	0	Available to employee's family members
7.4 In the previous 12 months, has the worksite provided health and wellness messages to the general employee population, such as through posters, brochures, videos, etc. on any of the topics listed below?*			
	Yes	No	Topics
7.4.1	1	0	Smoking Cessation
7.4.2	1	0	Healthy Eating (weight control)
7.4.3	1	0	Exercise/ Physical Fitness

_____ **TOTAL FOR EDUCATIONAL MESSAGES/INTERVENTION PROGRAMS (7.1, 7.2, 7.3)** (*circle appropriate score on tally sheet*)

_____ **TOTAL FOR SMOKING (7.4.1)** (*circle appropriate score on tally sheet*)

_____ **TOTAL FOR NUTRITION (7.4.2)** (*circle appropriate score on tally sheet*)

_____ **TOTAL FOR PHYSICAL ACTIVITY (7.4.3)** (*circle appropriate score on tally sheet*)

8. ADMINISTRATIVE SUPPORT

8.1 Does the worksite have a wellness committee?			
1 Yes			
0 No (skip to question 8.2)			
	Yes	No	
8.1.1	1	0	Does the committee meet at least quarterly?
8.1.2	1	0	Is it represented by a cross section of the workforce?
8.1.3	1	0	Does it include at least one senior manager?
8.1.4	1	0	Is there a written mission or goal statement for the committee?*
8.1.5	1	0	Does the committee have a budget?
8.2 Does the worksite organizational mission statement contain references to improving/maintaining employee health?*			
1 Yes 0 No			
8.3 Does the worksite have an individual responsible for employee health promotion?			
1 Yes			
0 No (skip to question 8.4)			
	Yes	No	
8.3.1	1	0	Are at least half of his/her responsibilities devoted to health promotion?
8.3.2	1	0	Does the individual have a budget to work with?
8.4 Did the worksite complete an employee health needs assessment during the previous 24 months?			
1 Yes 0 No			
8.5 Does the worksite provide management support for worksite health promotion? For example, does the CEO/managers provide at least annual messages supporting health promotion (personal address, memo, newsletter article, etc.)?			
1 Yes 0 No			

_____ **TOTAL FOR ADMINISTRATIVE SUPPORT**
(Add all circled numbers—put score in “final score” column on tally sheet)

9. ASTHMA

9.1 During the previous 24 months, has the worksite conducted a screening or assessment (beyond pre-employment physicals) on asthma?

1 Yes **0** No

9.2 Has your company identified asthma as an occupational illness in the last two years?

1 Yes **0** No

9.3 Have employees had to leave work early due to asthma?

0 Yes **1** No

9.4 During the previous 12 months, has the worksite provided educational or awareness information about asthma or other respiratory disorders?

1 Yes **0** No

9.5 During the past 12 months, have any employees reported respiratory distress, wheezing, shortness or breath or coughing that has been severe enough that the employee had to leave work?

0 Yes **1** No

9.6 Has the focus of the worksite changed in the past 12 months (i.e. type of good manufactured)?

0 Yes **1** No

_____ **TOTAL FOR ASTHMA**

(Add all circled numbers—put score in “final score” column on tally sheet)

10. REPETITIVE MOTION

10.1 Has the worksite had an ergonomics assessment?

1 Yes **0** No

10.2 Does the worksite offer an ergonomically accommodating environment (i.e. chairs, workstations, keyboards, etc.) for all of its employees?

1 Yes **0** No

10.3 Does the worksite encourage changing from static positions several times during the workday to changing positions and/or rest joints?

1 Yes **0** No

10.4 Does the worksite include body mechanics and arthritis topics for wellness and educational messages?

0 Yes **1** No

_____ **TOTAL FOR REPETITIVE MOTION**

(Add all circled numbers—put score in “final score” column on tally sheet)